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Approved For Release 2002/05/07 : CIA-RDP85-00375R000200090031-8

28 MAR 1979

MEMORANDUM FOR: Chief, Personal Affairs Branch

FROM : [REDACTED] Chief  
Benefits and Services Division

SUBJECT : Compensation of Imprisoned Alien  
Employees (U)

1. Public Law 95-105, dated 17 August 1977, provided for compensating alien employees of the U. S. Government if they are imprisoned because of that employment relationship. The Law leaves determination of eligibility up to the Secretary of State for all agencies except our own. In the case of CIA, the DCI has this authority. (U)

2. Nothing has yet been put into Agency publications on this subject. As far as the State Department is concerned, we are only aware of FAMC No. 766, a copy of which is attached. Before we take any action, it is important that we determine what procedures State has established and how they have handled claims, if any, thus far. Through the Central Cover Staff we have obtained the name of an individual at the State Department who is knowledgeable about this program. His name is Pete Gregory. I want you to meet with him and learn what you can regarding what State has done thus far. You are to contact Gregory through [REDACTED], an employee in CCS. [REDACTED] can help you get in touch with [REDACTED] if you need it. Please try to accomplish this meeting by 15 April and give me a report of your findings. (C)

Att

[REDACTED]

WARNING NOTICE  
SENSITIVE INTELLIGENCE SOURCES  
AND METHODS HANDLED

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CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D.C. 20505

APR 1979

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Your letter to Mr. John Waller, dated December 5, 1978, has been referred to me for response. In order to respond to your inquiry about the possibility of reopening the case of your medical discharge from the Army, it was necessary to recall your official records from the Archives Center for review. Please accept our apologies for the delay.

Although your Agency records include some documentation relating to your discharge from the Army, any questions you might have concerning this matter should be referred to the Veterans Administration. We suggest therefore that you request assistance from the Veterans Administration Regional Office, JFK Federal Building, Government Center, Boston, Massachusetts 02203.

While reviewing your records, we identified a partially completed Department of Labor claim form that was unsigned and undated. The form notes a head injury which you apparently sustained in the performance of your duties. The Department of Labor administers a program that compensates civilian employees of the Federal government who are injured in the performance of their official duties. We have enclosed a pamphlet that briefly describes this program.

Although not noted in the enclosed pamphlet, there are time limitations for filing compensation claims and for waiving the time limitations under certain circumstances. These are matters which the Department of Labor would have to consider. Should you decide to pursue this as a compensation claim for an on the job injury, please let us know, and this portion of your records will be forwarded to the Department of Labor for adjudication.

If we can be of further assistance to you in this matter, please feel free to write to me.

Sincerely,



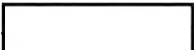
Harry E. Fitzwater  
Director of Personnel

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DRAFT REVISION OF SECTION 3 OF HR

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b. (C) SCOPE OF PLANS

- (1) Contingency casualty plans must cover provisions for the possibility of death, disability, disappearance, capture, or imprisonment of participating personnel and will include the information listed below.
  - (a) Description of activity involved including the circumstances under which casualties might occur.
  - (b) Statement that an evaluation of the impact that casualties may have on Agency security and operations has been made and by whom. Include specific operational considerations to be taken into account (e.g., initial contact with emergency designees).
  - (c) Arrangements approved by the concerned Deputy Director for the handling of casualties. (Include approved contingency plans for the use of existing cover mechanisms or the timely development of new cover facilities, and the assignment of specific responsibilities for ensuring implementation of these arrangements.)
  - (d) Outline of alternate methods for settling various death and disability benefits depending upon various security and cover problems which may be encountered.
  - (e) Personal information about the employee or employees. An outline of personal information requirements may be obtained from OP/Personal Affairs Branch.

OUTLINE OF CASUALTY PLANNING INFORMATION REQUIREMENTS

1. Agency biographic information.
  - a. Employee name.
  - b. Agency Directorate and component of assignment.
  - c. Employment status (Staff Agent, Career Associate, and Contract Employee).
  - d. Name of supervisor or Agency officer who will be responsible for implementing the plan.
2. Personal biographic information.
  - a. Marital status.
  - b. Names, relationships, ages and addresses of close relatives (spouse, parents, children, siblings or other close relatives; indicate which of these are witting of subject's Agency employment).
  - c. Employee's residence address.
  - d. Employee's legal address if different from residence address.
  - e. Name, relationship and age of emergency designee; indicate any applicable restrictions to be applied in contacting designee (advanced age, heart or other medical condition, etc.); include emergency designee's home and business addresses and telephone numbers. Indicate if the emergency designee is witting of the employee's Agency employment.
3. Employee's legal instructions.
  - a. Has the employee prepared a will? Where is the original? Distribution of other copies?
  - b. Where are important documents located? (Insurance papers, birth certificate, marriage certificate, military discharge, etc.)
  - c. Name, business address and telephone number of employee's personal attorney. Is the attorney witting of the employee's Agency employment?



- d. Names, Business addresses and telephone numbers of employee's executors (primary and contingent executors, if any). Are they witting of employee's Agency employment?
  - e. Which probate court (city, county and state) would have jurisdiction in the event of the employee's death?
4. Administrative instructions.
- a. Attach a copy of the employee's current Residence and Dependency Report, form 61.
  - b. Attach a copy of the employee's current Personal Security Questionnaire (as outlined in )

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Reference: HR  (1) (c)